

NOV 29 2004

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TO: Commissioner of Patents; Mail Stop Amendment  
FROM: Kim M. Hagemann, Registration Number: 52,982  
RE: Serial Number: 09/993,080  
Attorney Docket Number: 0881  
DATE: November 29, 2004 FAX NUMBER: (703) 872-9306  
NUMBER OF PAGE(S) FOLLOWING THIS SHEET: 16

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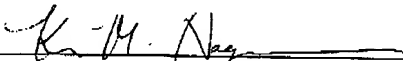
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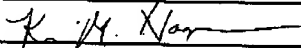
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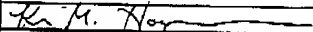
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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)		Application Number	09/993,080
		Filing Date	11/13/2001
		First Named Inventor	Jerome P. Ranch
		Art Unit	1638
		Examiner Name	Kallis, Russell
Total Number of Pages in This Submission	16	Attorney Docket Number	0881

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Continued Examination Certificate of Facsimile Transmittal
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